

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

Site Identification Form/
Preliminary Assessment (PA)

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

| | | | |
|---|---|--|---|
| EPA | POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections. GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement; Task Force (EN-335); 401 M St., SW; Washington, DC 20460. | REGION <div style="border: 1px solid black; padding: 2px;">IV</div> | SITE NUMBER (to be assigned by HQ) <div style="border: 1px solid black; padding: 2px;">LAQ-787</div> |
| I. SITE IDENTIFICATION | | | |
| A. SITE NAME <i>Monsanto Agricultural Co.</i> | STREET (or other identifier) <i>Box 174</i> | | |
| C. CITY <i>Luling La</i> | D. STATE <i>LA</i> | E. ZIP CODE <i>70070</i> | F. COUNTY NAME <i>St Charles</i> |
| G. OWNER/OPERATOR (if known) | | | H. TYPE OF OWNERSHIP |
| I. NAME <i>Contact Lee Frank, Principal Engineer</i> | | | J. TELEPHONE NUMBER <i>(504) 785-8211</i> |
| <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN | | | |
| K. DATE IDENTIFIED <i>8/4/81</i> | | | |
| L. PRINCIPAL STATE CONTACT | | | |
| NAME <i>Gerald Healy, Administrator</i> | | | TELEPHONE NUMBER <i>(504) 342-1227</i> |
| II. PRELIMINARY ASSESSMENT (complete this section last) | | | |
| A. APPARENT SERIOUSNESS OF PROBLEM | | | |
| <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN | | | |
| B. RECOMMENDATION | | | |
| <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) | | | |
| C. PREPARER INFORMATION | | | |
| I. NAME <i>J. Massengale</i> | | 2. TELEPHONE NUMBER <i>342-1227</i> | 3. DATE (mo., day, & yr.) <i>8/4/81</i> |
| III. SITE INFORMATION | | | |
| A. SITE STATUS | | | |
| <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if in small quantity.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ | | | |
| B. IS GENERATOR ON SITE? | | | |
| <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <i>2873</i> <i>2879</i> | | | |
| C. AREA OF SITE (in acres) | | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES | |
| | | 1. LATITUDE (deg.-min.-sec.) <i>NONE</i> 2. LONGITUDE (deg.-min.-sec.) _____ | |
| E. ARE THERE BUILDINGS ON THE SITE? | | | |
| <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <i>Regular retro-changed processing and manufacturing/construction building.</i> | | | |

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

Continued From Front

| IV CHARACTERIZATION OF SITE ACTIVITY | | | |
|---|-------------------------|---------------------------|--------------------------|
| Indicate the major site activity and details relating to each activity by marking 'X' in the appropriate boxes. | | | |
| A. TRANSPORTER | B. STORER | C. TREATER | D. DISPOSER |
| 1. RAIL | 1. PILE | 1. FILTRATION | 1. LANDFILL |
| 2. SHIP | 2. SURFACE IMPOUNDMENT | 2. INCINERATION | 2. LANDFARM |
| 3. BARGE | 3. DRUMS | 3. VOLUME REDUCTION | 3. OPEN DUMP |
| X 4. TRUCK | X 4. TANK, ABOVE GROUND | X 4. RECYCLING/RECOVERY | 4. SURFACE IMPOUNDMENT |
| 5. PIPELINE | 5. TANK, BELOW GROUND | 5. CHEM./PHYS. TREATMENT | 5. MIDNIGHT DUMPING |
| 6. OTHER (specify): | 6. OTHER (specify): | 6. BIOLOGICAL TREATMENT | 6. INCINERATION |
| | | 7. WASTE OIL REPROCESSING | 7. UNDERGROUND INJECTION |
| | | 8. SOLVENT RECOVERY | 8. OTHER (specify): |
| | | 9. OTHER (specify): | |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Disposes or generates wastes for disposal off site from fertilizers and/or herbicides manufacturing processes. Also injects certain wastes into salt water strata.

| V. WASTE RELATED INFORMATION | |
|--|--|
| A. WASTE TYPE | |
| <input type="checkbox"/> 1. UNKNOWN | <input checked="" type="checkbox"/> 2. LIQUID |
| <input checked="" type="checkbox"/> 3. SOLID | <input checked="" type="checkbox"/> 4. SLUDGE |
| <input type="checkbox"/> 5. GAS | |
| B. WASTE CHARACTERISTICS | |
| <input type="checkbox"/> 1. UNKNOWN | <input checked="" type="checkbox"/> 2. CORROSIVE |
| <input checked="" type="checkbox"/> 3. TOXIC | <input type="checkbox"/> 4. RADIOACTIVE |
| <input type="checkbox"/> 5. HIGHLY VOLATILE | <input checked="" type="checkbox"/> 6. INERT |
| <input type="checkbox"/> 7. REACTIVE | <input type="checkbox"/> 8. FLAMMABLE |
| <input type="checkbox"/> 9. OTHER (specify): | <i>Some</i> |

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes, manifests and other disposal records.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE | b. OIL | c. SOLVENTS | d. CHEMICALS | e. SOLIDS | f. OTHER |
|--|--|---------------------------------------|---------------------------------------|-------------------------------|---|
| AMOUNT <i>See DNR Manifest</i> | AMOUNT <i>See DNR Manifest</i> | AMOUNT <i>See DNR Manifest</i> | AMOUNT <i>See DNR Manifest</i> | AMOUNT | AMOUNT |
| UNIT OF MEASURE <i>Notification</i> | UNIT OF MEASURE <i>DNA - recoverable waste oils</i> | UNIT OF MEASURE | UNIT OF MEASURE <i>Applicable</i> | UNIT OF MEASURE | UNIT OF MEASURE |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES | X (1) HALOGENATED SOLVENTS | X (1) ACIDS | X (1) FLYASH | X (1) LABORATORY |
| X (2) METALS SLUDGES | (2) OTHER (specify): | (2) NON-HALOGENATED SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) PHARMACEUTICAL |
| (3) POTW | | (3) OTHER (specify): | (3) CALUSTICS | (3) MILLING/ MINE TAILINGS | (3) HOSPITAL |
| (4) ALUMINUM SLUDGE | | | X (4) PESTICIDES | (4) FERROUS SMLTG. WASTES | (4) RADIOACTIVE |
| (5) OTHER (specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | (5) MUNICIPAL |
| | | | (6) CYANIDE | X (6) OTHER (specify): | (6) OTHER (specify): |
| | | | (7) PHENOLS | <i>Process filters</i> | <i>Quality control test sample (laboratory)</i> |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | (10) METALS | | |
| | | | (11) OTHER (specify): | | |

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

1. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard):

Raw materials and wastes appear to be well managed

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

None

VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (Mark "X") | C. ALLEGED INCIDENT (Date "X") | D. DATE OF INCIDENT (Mo., Day, Yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|--|
| 1. NO HAZARD | | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | <i>NO</i> | | | |
| 6. CONTAMINATION OF FOOD CHAIN | <i>NO</i> | | | |
| 7. CONTAMINATION OF GROUND WATER | <i>(X)</i> | | | <i>Permit Application - DNR See Site Geology - Monitoring well logging and analysis.</i> |
| 8. CONTAMINATION OF SURFACE WATER | <i>NO</i> | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | <i>NO</i> | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | | | |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (#990177) | | | | |

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

Continued From Front

| VII. PERMIT INFORMATION | | | |
|---|---|--|----------------|
| A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. <i>LA0005266</i> | | | |
| <input checked="" type="checkbox"/> 1. NPDES PERMIT | <input checked="" type="checkbox"/> 2. SPCC PLAN | <input type="checkbox"/> 3. STATE PERMIT (specify): <i>Applicable - Hazardous Waste Disposal</i> | |
| <input checked="" type="checkbox"/> 4. AIR PERMITS | <input checked="" type="checkbox"/> 5. LOCAL PERMIT | <input type="checkbox"/> 6. RCRA TRANSPORTER | |
| <input checked="" type="checkbox"/> 7. RCRA STORES | <input type="checkbox"/> 8. RCRA TREATER | <input type="checkbox"/> 9. RCRA DISPOSER | |
| <input type="checkbox"/> 10. OTHER (specify): <i>See DNR Permit Applications - all permits are listed</i> | | | |
| B. IN COMPLIANCE? | | | |
| <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | | | |
| C. WITH RESPECT TO (list regulation name & number): <i>all</i> | | | |
| VIII. PAST REGULATORY ACTIONS | | | |
| <input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below) <i>no major violations</i> | | | |
| IX. INSPECTION ACTIVITY (past or on-going) | | | |
| <input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below) | | | |
| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (MM/DD/YY) | 3. PERFORMED BY (EPA/State) | 4. DESCRIPTION |
| | | | |
| | | | |
| | | | |
| | | | |
| X. REMEDIAL ACTIVITY (past or on-going) | | | |
| <input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below) | | | |
| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (MM/DD/YY) | 3. PERFORMED BY (EPA/State) | 4. DESCRIPTION |
| | | | |
| | | | |
| | | | |
| | | | |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

EPA Form T2070-2 (10-79)

PAGE 4 OF 4

RECEIVED
AUG 10 1981
OFFICE OF REGIONAL PROGRAMS

A Notification of Hazardous Waste Site

LA-000-001-140

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Monsanto Company
Street P. O. Box 174
City Luling State LA Zip Code 70070

B Site Location: LA098-082-2328

Enter the common name (if known) and actual location of the site.

Name of Site Luling Plant
Street River Road
City Luling County St. Charles State LA Zip Code 70070

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Keffer, Charles W., Environmental Supt.
Phone (504) 785-8211, Ext. 457

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1957 To (Year) 1979

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☒ Organics
- 2. ☒ Inorganics
- 3. ☐ Solvents
- 4. ☒ Pesticides
- 5. ☒ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☒ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☒ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☒ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Not Known

gallons

Total Facility Area

square feet

acres 18

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Don't Know

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Please see Location Map attached.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name V. E. Boyen, Plant Manager

Street

City

State

Zip Code

Signature

VE Boyen

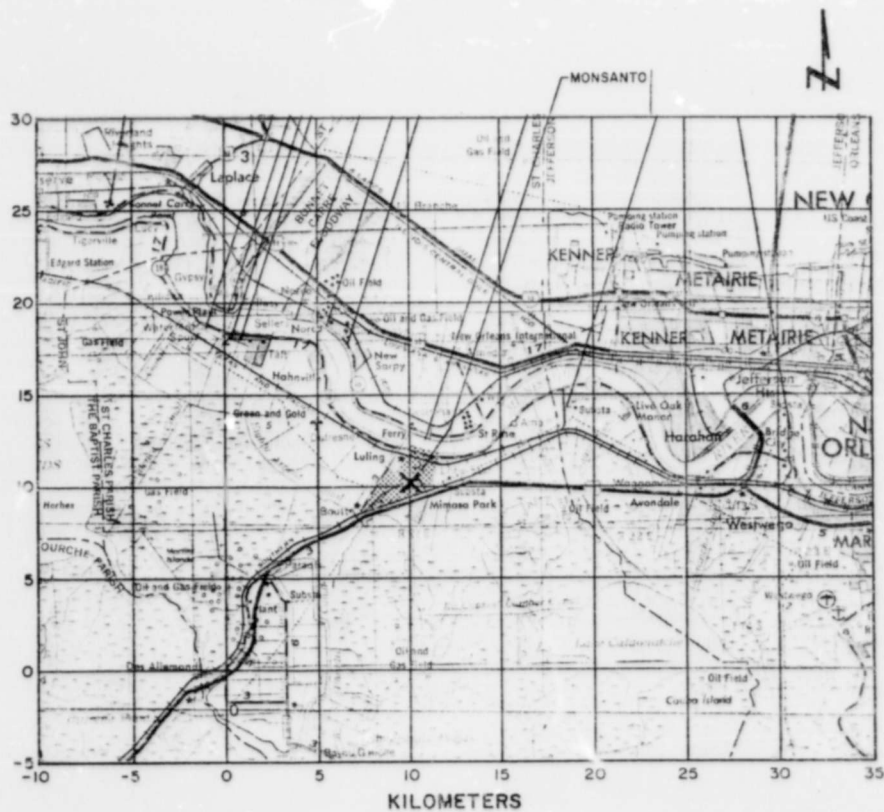
Date

6/3/81

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

IF THE PAGE FILMED IS NOT
AS LEGIBLE AS THIS LABEL,
IT IS DUE TO THE QUALITY
OF THE ORIGINAL.

MONSANTO COMPANY
LULING, LOUISIANA



MAP SHOWING LOCATION OF LULING PLANT SITE